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APPLICANTS

George Jackowski, Kettleby, CANADA; *PL*
 John Marshall, Toronto, CANADA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged Examiner's Signature			CANADA	1	38	5

ADDRESS

MCHALE & SLAVIN, P.A.
 2855 PGA BLVD
 PALM BEACH GARDENS, FL 33410
 UNITED STATES

TITLE

PLASMA PROTEASE C1 INHIBITOR BIOPOLYMER MARKER INDICATIVE OF ALZHEIMERS DISEASE

FILING FEE RECEIVED 681	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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